Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Geriatrics: percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance ImprovementÂ® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

Rationale

Medications are often changed when a patient is hospitalized. Continuity between inpatient and on-going

care is essential.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

No trials of the effects of physician acknowledgment of medications post-discharge were found. However, patients are likely to have their medications changed during a hospitalization. One observational study showed that 1.5 new medications were initiated per patient during hospitalization, and 28% of chronic medications were canceled by the time of hospital discharge (Beers, Sliwkowski, & Brooks, 1992). Another observational study showed that at one week post-discharge, 72% of elderly patients were taking incorrectly at least one medication started in the inpatient setting, and 32% of medications were not being taken at all (Becker & Maiman, 1975). One survey study faulted the quality of discharge communication as contributing to early hospital readmission, although this study did not implicate medication discontinuity as the cause (Williams & Fitton, 1990; Wenger & Young, 2004).

First, a medication list must be collected. It is important to know what medications the patient has been taking or receiving prior to the outpatient visit in order to provide quality care. This applies regardless of the setting from which the patient came — home, long-term care, assisted living, etc.

The medication list should include all medications (prescriptions, over-the-counter, herbals, supplements, etc.) with dose, frequency, route, and reason for taking it. It is also important to verify whether the patient is actually taking the medication as prescribed or instructed, as sometimes this is not the case.

At the end of the outpatient visit, a clinician needs to verify three questions:

> Based on what occurred in the visit, should any medication that the patient was taking or receiving prior to the visit be discontinued or altered?
> Based on what occurred in the visit, should any medication be suspended pending consultation with the prescriber?
> Have any new prescriptions been added today?

These questions should be reviewed by the physician who completed the procedure, or the physician who evaluated and treated the patient.

If the answer to all three questions is "no," then the process is complete.

If the answer to any question is "yes," the patient needs to receive clear instructions about what to do — all changes, holds, and discontinuations of medications should be specifically noted. Include any follow-up required, such as calling or making appointments with other practitioners and a timeframe for doing so (Institute for Healthcare Improvement [IHI], 2006).

Evidence for Rationale

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance ImprovementÂ® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

Becker MH, Maiman LA. Sociobehavioral determinants of compliance with health and medical care recommendations. Med Care. 1975 Jan;13(1):10-24. [111 references] PubMed

Beers MH, Sliwkowski J, Brooks J. Compliance with medication orders among the elderly after hospital discharge. Hosp Formul. 1992 Jul;27(7):720-4. PubMed

Institute for Healthcare Improvement. Reconcile medications at all transition points: reconcile medications in outpatient settings. [internet]. Cambridge (MA): Institute for Healthcare Improvement;

[accessed 2006 Aug 01].

Wenger NS, Young R. Working paper: quality indicators of continuity and coordination of care for vulnerable elder persons. Santa Monica (CA): Rand Health; 2004 Aug.

Williams EI, Fitton F. General practitioner response to elderly patients discharged from hospital. BMJ. 1990 Jan 20;300(6718):159-61. PubMed

Primary Health Components

Geriatrics; medication reconciliation

Denominator Description

All patients aged 18 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Hospital Inpatient

Hospital Outpatient

Rehabilitation Centers

Skilled Nursing Facilities/Nursing Homes

Transition

Type of Care Coordination

Coordination across provider teams/sites

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Health and Well-being of Communities
Making Care Safer
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patients aged 18 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care

Note: Refer to the original measure documentation for administrative codes.

Exclusions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented

Note:

> *Medication Reconciliation*: A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Documentation in the outpatient medical record must include evidence of medication reconciliation and the date on which it was performed. Any of the following evidence meets criteria: (1) Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in meds since discharge, same meds at discharge, discontinue all discharge meds), (2) Documentation of the patient's current medications with a notation that the discharge medications were reviewed, (3) Documentation that the provider "reconciled the current and discharge meds," (4) Documentation of a current medication list, a discharge medication list and notation that the appropriate practitioner type reviewed both lists on the same date of service, (5) Notation that no medications were prescribed or ordered upon discharge.
> Refer to the original measure documentation for administrative codes.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #1: medication reconciliation.

Measure Collection Name

Geriatrics Performance Measurement Set

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

American Geriatrics Society - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance ImprovementÂ® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

*Original Geriatrics Work Group**: Caroline Blaum, MD (*Co-chair*); Carol M. Mangione, MD (*Co-chair*); Chris Alexander, III, MD, FACP; Ronald Bangasser, MD; Patricia P. Barry, MD, MPH; Frederick W. Burgess, MD, PhD; Gary S. Clark, MD, MMM, CPE; Eric Coleman, MD, MPH; Stephen R. Connor, PhD; Gail A. Cooney, MD; Roger Dmochowski, MD; Catherine DuBeau, MD; Joyce Dubow; Mary Fermazin, MD, MPA; Sanford I. Finkel, MD; Terry Fulmer, PhD; Peter Hollmann, MD; David P. John, MD; Peter Johnstone, MD, FACR; Flora Lum, MD; Diane E. Meier, MD; Alvin "Woody" H. Moss, MD; Jaya Rao, MD, MHS; Sam J. W. Romeo, MD, MBA;

David J. Satin, MD; Gregory B. Seymann, MD; Knight Steel, MD; Eric Tangalos, MD; Joan M. Teno, MD, MS; David J. Thurman, MD, MPH; Mary Tinetti, MD; Laura Tosi, MD; Gregg Warshaw, MD; Neil S. Wenger, MD

American Geriatrics Society: Jill Epstein

National Committee for Quality Assurance: Erin R. Giovannetti, PhD; Min Gayles Kim, MPH; Phil Renner, MBA

American Medical Association: Karen Kmetik, PhD; Katherin Ast, MSW, LCSW; Heidi Bossley, MSN, MBA; Joanne Schwartzberg, MD; Patricia Sokol, RN, JD

Facilitators: Timothy F. Kresowik, MD; Rebecca A. Kresowik

*The composition and affiliations of the work group members are listed as originally convened in 2007 and are not up to date.

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Apr 1

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Jul

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2009 Jul. 40 p.

Measure Availability

Source not available electronically.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

This NQMC summary was edited by ECRI Institute on September 28, 2009.

This NQMC summary was retrofitted into the new template on June 3, 2011.

This NQMC summary was edited by ECRI Institute on April 27, 2012.

Stewardship for this measure was transferred from the PCPI to the NCQA. NCQA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on October 12, 2015. The information was verified by the measure developer on November 18, 2015.

Copyright Statement

Production

Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance ImprovementÂ® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouseâ„¢ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.